Michigan Department of Human Services
Bureau of Children and Adult Licensing

CERTIFICATION OF SPECIALIZED PROGRAMS
APPLICATION FOR CERTIFICATION

FOR BCAL USE ONLY Assigned Licensing State
Receipt Date

SECTION I – FACILITY INFORMATION

1. Type of Application:

☐ INITIAL ☐ MODIFICATION: Specify Change _____

Effective Date of Change _____

2. Certificate Type (Population served must be mentally ill and/or developmentally disable as authorized by AFC License.)

☐ MENTAL ILLNESS ☐ DEVELOPMENTAL DISABILITY ☐ MENTAL ILLNESS & DEVELOPMENTAL DISABILITY

3. Facility Name	4. Facility Street Address	5. Facility City, State, Zip
6. Area Code/Telephone Number	7. Area Code/Fax Number	8. Email Address (if applicable)

9. Facility Mailing Address (if different than #4)		10. County	11. Township
12. AFC License Number	13. AFC Expiration Date	14. Licensed Capacity	15. Current Occupancy

16. Number of individuals residing in the facility for whom you receive specialized compensation.

_____ Persons with Mental Illness _____ Persons with Developmental Disability(ies) _____ Persons with Mental Illness and Developmental Disability(ies)

SECTION II – ADULT FOSTER CARE LICENSEE INFORMATION

17. Name of Licensee	18. Licensee Designee (if applicable)	
19. Street Address	20. City, State, Zip Code	21. Mailing Address (if different than #19)
22. Area Code/Telephone Number	23. Area Code/Fax Number	24. Email Address

SECTION III – PLACING AGENCY INFORMATION (Attach additional sheets as necessary)

25. Agency Name	26. Contact Person	
27. Street Address	28. City, State, Zip Code	29. Mailing Address (if different than #27)
30. Area Code/Telephone Number	31. Area Code/Fax Number	32. Email Address

SECTION IV – STAFFING INFORMATION

33. Staff-to-resident ratio on each shift:

A.M. Shift: _____ P.M. Shift: _____ MIDNIGHT Shift: _____

SECTION V – DESCRIPTION OF SPECIALIZED PROGRAM(S) PROVIDED

34. Specialized Program Description (Attach additional sheets if necessary)

SECTION VI – CERTIFICATION AND SIGNATURE

The applicant certified that the relevant provisions of P.A. 258 of 1974, as amended (Mental Health Code), the Administrative Rules (330.1801 through 330.1809), and relevant portions of the 1985 Life Safety Code, Appendix F, which regulate the operation of Specialized Programs Offered to Persons with Mental Illness or Developmental Disability(ies) have been read.

The applicant certifies that the information contained in this application is true, complete and accurate to the best of the applicant's knowledge.

35. Adult Foster Care Licensee Name (print or type)	36. Licensee or Licensee Designee Signature	37. Date Signed

Authority:	Public Act 218 of 1979, as amended Public Act 258 of 1974, as amended
Completion:	Mandatory
Penalty:	Certification will not be issued.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.